

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90202 019 ***150.00

DOCUMENT # F95000004655

1. Corporation Name
MID-FLORIDA, INC.



Principal Place of Business
**SUN HEALTHCARE GROUP - LEGAL DEPT.
101 SUN AVENUE N.E.
ALBUQUERQUE NM 87109**

Mailing Address
**SUN HEALTHCARE GROUP - LEGAL DEPT.
101 SUN AVENUE N.E.
ALBUQUERQUE NM 87109**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1995

4. FEI Number

58-2193751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CP	BROGDON, CHRIS	1800 HARRISON ST.	TITUSVILLE FL 32780	<input checked="" type="checkbox"/>
CV	LANE, EDWARD E	1800 HARRISON ST.	TITUSVILLE FL 32780	<input checked="" type="checkbox"/>
DT	TUCKER, DARRELL C	1800 HARRISON ST.	TITUSVILLE FL 32780	<input checked="" type="checkbox"/>
S	REES, PHILIP M	1800 HARRISON ST.	TITUSVILLE FL 32780	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Alan J. Rampini	101 Sun Avenue NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP, CFO, Director	Robert D. Wilk	101 Sun Ave NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP, Treasurer	Matthew G. Patrick	101 Sun Ave NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Nikki J. Mann	101 Sun Ave NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. Secretary	Mike T. Burg	101 Sun Ave NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	M. Scott Atchams	101 Sun Ave NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)